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ABSTRACT

Critical decisions that need to be made by faculties of health administration education programs when developing and assessing the health services management portion of the curriculum are identified. Decisions should draw from the information available concerning professional target roles of graduates, graduate behavior expected, resources for curriculum building, and pedagogical approaches. In order to develop or revise the curriculum content, two working definitions of health services management are proposed. The first is in terms of management function or contribution, while the second is in terms of management elements. The management components of governance, coordination, and production provide a focus for the knowledge element of health care and management. In addition to understanding these organizational components and their interrelation, five management dimensions that are applicable within the study of health service organizations are examined. Factors a faculty should consider in devising specific educational goals include the professional roles for executive officers of provider organizations, managers of functional units of large health care organizations, and other health services managers, such as those serving regulatory agencies and planning agencies. Other factors to be considered in devising specific educational goals are the relationship of health administration courses to other courses and the capability and interest of students and faculty. Pedagogical methods and tools to facilitate student learning, including didactic methods, case studies and field experience, and integrative or capstone methods, are considered. (SW)

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"HEALTH SERVICES MANAGEMENT IN THE HEALTH ADMINISTRATION CURRICULUM"

Report by
The Curriculum Task Force on Administration

ED197658

May 1978

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Table of Contents

	Page
I. Introduction	1
The Problem	1
Goals	3
Report Organization	4
II. Critical Decisions for Curriculum Design	6
Target Professional Roles of Graduates	7
Graduate Behaviors Expected	7
Resources for Curriculum Building	8
Pedagogical Approaches	8
Summary Decisions	9
III. Two Definitions of Health Services Management	11
Functional Definition of Management	11
Descriptive Definition of Management	12
Components of Organizational Activity	13
The Management Dimensions	14
IV. The Selection of Educational Goals	18
Target Professional Role	18
Relationship to Other Course Work	22
Capability and Interest of Students	23
Capabilities and Interest of the Faculty in Health Services Management	24
V. Pedagogical Methods and Tools	25
Classification of Pedagogical Methods	25
Didactic Methods	26
Case Studies and Field Experience	27
Integrative or Capstone Methods	28
Appendix A—Glossary of Terms	
Appendix B—Other AUPHA Health Administration Curriculum Materials	
Footnotes	

REPORT OF THE TASK FORCE ON ADMINISTRATION

I. Introduction

Curriculum content for health services management, the concern of this Task Force, is a portion of the total educational program for professional careers in health services administration. This includes health care managerial and leadership positions in provider organizations, financial intermediaries, planning organizations, regulatory agencies, and policy-making units of government. Concern focuses on knowledge of current practices, norms and values relevant to management decisions, the role of the administrator as manager, and application of managerial skills. These practices and values are generally applied to specific sectors of health care services, but oftentimes industry-wide considerations in policy-making and planning also come into play.

The health services management portion of the curricula is always supplemented by other studies dealing with basic managerial skills and by factual content describing the health services field. Basic management skill courses include those in: organization theory, personnel, accounting, statistics, economics, operations research, etc. Factual content is now provided by such courses as those in medical care organization and medical sociology.

The Task Force felt at the outset of its work that the curriculum in health services management should be the identifying element of the health administration educational program. Rather than covering the material overlooked by the skill and fact courses, it should provide the essential habits and values which will distinguish health care administrators later in their careers.

The Problem

A gap now exists between the need for health services management expertise in health systems and the perception of curricula as the means for providing these management competencies. The gap is more evident now, both because the great strength of early programs in health services administration was in teaching this management perspective, and because courses in managerial skills and descriptive content have improved dramatically. The management perspective concerns itself with health services organization and operations, the functions of administrators, and norms and values relevant to management decisions.

The impression that this area is now often presented inadequately to students led to the appointment of this AUPHA Curriculum Task Force on Administration. It was asked to study the problem and to develop a report with recommendations which would strengthen program curricula.

Early teaching emphasis was placed on both the internal environment in which the administrator worked and the skills and methods which the graduate might use to manage that environment successfully. This was particularly true of programs in hospital administration through the 1940s and 1950s. During this time, much of the teaching was done by precept; it was normative and descriptive of current practice. The directors of these early programs were frequently renowned practitioners of hospital administration as well as teachers. They relied heavily upon hospital and health agency personnel who came to the classrooms to share their knowledge and skills. This course work, taken during two semesters on campus, was augmented by a residency of twelve or more months during which the student was expected to work closely with a respected professional in a clinical setting.

In later years, attention has been directed to advancing theoretical and conceptual foundations for health administration programs. Courses in organizational behavior, quantitative techniques, finance, and accounting have become a part of the curriculum. Efforts have been made to apply this subject matter specifically to health care administration and to organize it in sequences covering both the basic material and its health care application.

At the same time, the field of medical care organization, concerned with understanding the delivery of personal health services, has emerged as a separate curriculum area. Courses in this area describe not only the role of the hospital and other health care organizations but also the financial, political, and social forces affecting the field as a whole.

To accommodate these changes, most member programs have diminished both the time spent in residency and the class time spent in descriptive and normative education, and have changed from assuming pre-determined answers to helping students discover their own answers. They have also moved from a practitioner-oriented faculty to one which, while knowing the health field as a whole and having the analytical skills of a discipline, often has little direct management experience. In addition, the focus of many programs has widened from educating students to manage the acute general hospital to preparing them to work in a variety of health services organizations.

The health services industry may still be characterized as a series of small-scale organizations with specialized interests and environments. As a result,the health administration market is perceived as desiring graduates of programs who have a professional focus on the application of management knowledge to the field of health services administration, particularly to those types of organizations considering the graduates for employment.

Not only does health services management remain central to health care administration, it in fact identifies and distinguishes the curriculum as a whole. The clear focus of the early hospital administration programs on the health services organization may have been a factor in their success measured both in terms of the demand for their graduates and in the retention of their graduates within the health field. In current curricula, the study of health services management offers several unique opportunities. These include motivating students to seek an administrative career in health care, providing concrete ex-

amples and practice opportunities for skills learned in other courses, and integrating the specialized work which is covered in other courses. The accomplishment of these purposes imposes special obligations on the teacher of health services organization management. In addition to having a knowledge of the health field and the analytical skills of a discipline, these teachers must have or acquire a management perspective in order to properly teach students how to apply such skills and knowledge to health services delivery.

Health administration programs wish to continue to provide graduates who are in particular demand, are motivated to continue in the field of practice, and are able to contribute to it significantly. Past efforts have been successful in achieving these goals. Elements which have contributed to past success include:

a) a curriculum that provides a knowledge of the role of the administrator in health services management;
b) a faculty with a management perspective able to teach knowledge of norms and values by precept;
c) a curriculum that provides knowledge of the health services environment in which management education will be applied; and
d) the opportunity to develop skills and competencies in the application of knowledge in the special and particular environments of the health field.

The management portion of the curriculum can be dealt with by considering the inadequacies caused by:

a) complexity of the administrative environment;
b) smallness of size in institutional settings;
c) need for in-depth skills of managers caused by the limited availability of functional specialists; and
d) scope of health care requiring a broad management perspective that is difficult to acquire.

The goal is to continue to provide the health services industry with motivated and competent professionals. This requires that students, curriculum, and faculty develop the strengths of the past and continue those which have been added in recent years. The Task Force believes the resolution of the problem requires that faculties educating health administrators, planners, and health policy analysts make a systematic study of coherent decisions when establishing the health services management portion of the curriculum.

Goals

The purpose of this report is to identify the critical decisions which need to be made by faculties of health administration education programs when developing and assessing the health services management portion of the curriculum. To assist program faculty in identifying decision points for curricula and assessing the development of health services management, the Curriculum Task Force on Administration has developed a health services management curriculum assessment model. The report does not provide a model curriculum outline, or a comprehensive statement of curriculum content. Since the Task Force believes pluralism in curriculum design among health administration programs to be positive and necessary, a model curriculum would

be neither wise nor useful. A comprehensive statement of curriculum content is impractical, and therefore has not been attempted. The Task Force has endeavored to identify critical issues in curriculum design and content, and to present alternative decisions and criteria for making these decisions. The Task Force has also been willing to express its judgments concerning various decisions when it believed it would be helpful to do so. The Task Force has been deliberately prescriptive in several places to provide a clear focus on the debatable issues and to encourage faculty reaction.

The purpose of course work in health services management should be to provide the student with a knowledge of the unique characteristics of the environment of the organization, with the attitudes, values, and functions appropriate to the manager, and with specific skills useful to managing in that environment. It is clear that all three of the traditional elements of pedagogy—values, knowledge, and skills—are involved in this educational goal. As a result, the course work in management draws heavily on other components of the health administration curriculum, including managerial skills and knowledge of medical care, health, and disease. An important contribution of the health care management component is the reinforcement and integration of knowledge drawn from other course work in a health administration curriculum. An additional goal is to equip the student with the ability to deal with problems in a professional setting. Thus it should be recognized that this report is cast explicitly in the model of professional education.

The overriding criterion of curriculum development used by the Task Force was a utilitarian one. A strong program in health services management is one which produces good graduates, that is, those who are effective in meeting the health service needs of their communities. Consequently, a visual way of thinking about curriculum design has been developed in this report to assist faculties to understand the elements of the professional management component of health services administration.

Report Organization

Chapter 2 of the report develops an orderly set of decisions which could be usefully reviewed by a faculty developing or revising curriculum content for health services management. The decisions stress the identification of clear pedagogical goals as a starting point for the analysis.

To provide a framework for making these decisions, Chapter 3 develops two working definitions of health services management. The first is in terms of management function or contribution. The second is in terms of management elements, as these elements might be separated for purposes of curriculum design. In preparing these two definitions, the Task Force was attempting to provide a basis for a logical and comprehensive discussion of curriculum rather than to blaze new trails of scholarship.

Relying particularly on the definition identifying the elements of health services management, Chapter 4 of the report reviews several issues faculty should consider in specifying the educational goals which are appropriate for their health administration program.

Once a faculty has focused its decisions by identifying what components should receive curriculum emphasis, and by deciding what the specific goals and organizational settings for its curriculum will be, it can deal with questions of pedagogical method. As basic decisions are made as to *what* should be taught and by *whom*, faculties will also want to consider decisions as to how to facilitate student learning. Chapter 5 of the report on "Pedagogical Tools" presents the Task Force's judgment as to what should be considered by faculties when making these decisions.

II. Critical Decisions for Curriculum Design and Evaluation

This chapter focuses on decisions thought to be important in designing a curriculum to be taught to students in health services administration. Curriculum is viewed as including all learning that is planned and guided in a program of study.[1]

The Task Force developed this model of the management portion of the health services administration curriculum in response to a review of the literature and the experience of its members in health services management. The model provides one way for faculty to identify and articulate the elements needed by health services managers to function in a variety of target roles. The following discussion presents the matrix, a discussion of its components and dimensions, and an amplification of certain of its areas to demonstrate how it may influence the thinking of curriculum planners and evaluators.

The matrix is intended to provide *one way* to think about the management portion of the curriculum. It is not intended to be the only way to conceptualize its content; in fact, faculty will need to develop a coherent model of their own (See page 12).

> Teaching is expected to bring about changes in the behavior of students; 'behavior' being used in the broad sense to include thinking, feeling, and acting. As a result of teaching, students are expected to have ideas they did not have before, skills which they did not previously possess, interests broader and more mature than they held, and ways of thinking which are more effective than those previously employed. In short, their behavior is expected to become increasingly effective and more valuable socially and to provide for a better and more satisfying life.

As noted in Chapter 1, health services administration education contains at least three elements of planned learning: (1) discipline basic to health services administration; (2) knowledge about the health field; and (3) the gaining of competency in the management of aspects of health services through the application of knowledge and skill from all elements of the curriculum. This latter element of management is the focus of our discussion. Faculty who teach and study this curricular element of health services administration programs have a unique focus. That focus is to provide learning opportunities such that students acquire an understanding of things or events in light of their effect on the attainment of organizational goals through the use of human and material resources. Things and events are no longer seen as intrinsic in nature, but rather as contingencies affecting management processes and the manager. This set of understandings is reflected in the term 'management perspective.' Courses forming the curricular element of health services management will draw heavily from other elements of the health administration curriculum, such as management skills and a knowledge of health, disease, and medical care, in order to help learners gain management competencies relevant to the health services environments in which they plan to work. The following discussion

will note decisions thought to be important as a faculty considers this element of the overall curriculum.

Professional Target Roles of Graduates

Target roles and the types of health systems organizations in which roles will be performed is the first order decision for the overall curriculum as well as its management element. This decision is usually guided by the mandate of the educational institution, the market for graduates, the judgment of 'experts' about the future needs of the health care system for certain types of management, or a combination of these factors.

Programs will vary both in the number and kind of roles they have targeted for their graduates. The analytic matrix (page 13) suggests three general functional roles characterized by components of organizational activity which may assist faculties in their selection and description of targeted roles. This set of decisions is more fully discussed in Chapter 4 (page 43).

Graduate Behavior Expected

Determining competence to be expected of graduates is a paramount decision in curriculum design and evaluation. The desired cognitive and affective behavior of graduates comprises a statement of the goals of the curriculum. Goals are more useful when they at once state what is to be known and the level of performance expected, given the target roles of the program.

Since the health services management curriculum integrates content from the health field with elements of management skill, statements of graduate competence may heavily emphasize a management perspective of health care systems. Such an emphasis is necessary if we are to defend training health service managers in a health services administration program, rather than drawing them from generic management programs.

Faculty that develop a curriculum for several professional roles will facilitate later curricular decisions by making a second set of decisions at this step in the development process. Using an agreed upon decision strategy, the curriculum development group should determine which terminal behaviors are 'core' (i.e., expected of all graduates) and which are 'concentrations' (i.e., expected only for a specific target role). This decision set assumes that although it would be nice for everyone to know everything, there are substantive differences between target roles. The inability to reach consensus around differentiated core and concentration terminal behaviors suggests that faculty may need to reconsider their target role decisions.

Questions that may assist faculty in deciding terminal behavioral objectives or expected competencies include the following:

1. How do we define the term management perspective? What is the general professional role of the manager?
2. How do we define the target role(s) for our curriculum? What are the skills, values, and knowledge required of the professional for this (these) specialized management perspective(s)?
3. What level of cognitive and affective behaviors are required for the first-

level professionals in the target role(s)? Or, what knowledge is unique to the environment of the organizations in which the graduates will practice? Which is critical if the graduates are to be proficient problem-solvers and decision-makers in those settings?

4. Are the terminal objectives stated in such a way that they provide a means of evaluating the effectiveness of curricular experiences?
5. Do the objectives clarify the differences between core competencies and the more specialized concentration competencies?
6. Do the objectives appear to be useful in guiding the selection or development of courses, teaching strategies, and qualifications of faculty members?

Resources for Curriculum Building

The search for resources is a pivotal issue in curriculum design. A broad and creative search for resources will result in providing curriculum developers with increased alternatives for reaching the objectives of the program. The results of this search will frequently dictate the manner in which the management perspective of the program is developed. For example, if management skills are readily available from an administrative sciences department within the institution, health services administration faculty may focus their attention on the health field and health services management elements of the program.

Resources include: other curricula in the institution which have relevance for the terminal objectives, the availability of faculty and the mix of their knowledge, the type and number of students, the length of the program (minimum and maximum feasible), availability of practice settings, budget, and physical facilities.

Constraints on resources should be clarified at this stage of evaluation or planning. For example, do the number and kind of course prerequisites in other departments limit their usefulness to the HSA program? Does the faculty wish to seek or avoid courses in other departments for HSA students only? Are joint appointments between departments possible or desirable? What are the nature and extent of library resources? What are the various resources for education in each element of the curriculum? To what degree are short-term field placements and preceptorships available?

Curriculum planners will be assisted in their work if they seek a wide variety of educational opportunities before finally selecting a program of study. Faculty may find that the resource search leads them to re-evaluate target roles and terminal competencies expected of learners. This review may be guided by asking: "Given our resources, to what extent are our prior curricular decisions realistic?"

Pedagogical Approaches

Examples of teaching strategies appear in Chapter 5 (page 25). The selection of potential and desirable approaches depends on an awareness of target roles, terminal objectives, and resources. For example, the number and level of

students in a program or course may preclude the use of seminars or guided research experiences.

The health services management perspective requires that learners gain skill in integrating and applying knowledge from other curricular elements to the problems and decisions commonly occurring in the target role(s). Curriculum planners may facilitate later course planning by thinking through a range of possible teaching strategies in light of prior curricular decisions. The focal question might be: "Given our goal of selected management competencies, what teaching strategies are possible in our setting and have a good chance of helping students gain the cognitive and affective skills associated with sound management practice in the target role(s)?"

The number and kind of pedagogical options will directly affect curricular decisions such as the placement of a course in a program, the number of credits assigned to a course, the kinds of skills faculty will need, the human and material resources that might be needed in a course, and the effect of numbers of students upon resources. This is an area where faculty may find that colleagues in other professional schools and health services administration programs at other institutions provide a rich source of alternative pedagogical approaches. The faculty's definition of what constitutes a management perspective may also be very helpful in generating a list of teaching strategies which are congruent with program goals.

Summary Decisions

The final set of decisions about the overall curriculum will draw from the information available from the area discussed above. The process of evaluating or building the whole curriculum will be facilitated by questioning what appear to be closed options and striving to develop more than one way of moving students from admission to their final program experiences.

Faculty may find it useful to state their program philosophy before proceeding with final curriculum decisions. The philosophy may reflect values of the faculty regarding general education, the social context of health services administration, the role of the learner in his or her education, the role of the graduate, and so on. This is particularly useful in guiding decisions about such issues as balancing required and elective options for learners.

Some pragmatic decisions include: (1) admission standards, (2) course prerequisites and sequence, (3) nature and scope of courses to be developed, (4) mechanism for student and program evaluation, (5) use of field placements, (6) assignment of faculty responsibility for such things as course development and liaison roles, (7) elective and required courses, (8) core and concentration courses required for different target roles, and (9) contracts or understandings with other departments which are providing learning experiences for HSA students.

The implementation and evaluation of the curriculum will follow from planning decisions. Most faculties attempt to pilot test their program with a limited number of students in order to correct problems within the curriculum model. Regularly scheduled review of the curriculum in light of expected competen-

cies of graduates can now replace the curriculum planning activities of the faculty.

The overall curriculum planning process has been discussed here as a way of providing the backdrop for the management services element of the program. In the final analysis, the program will be successful to the degree that it allow students to view health services organizations, a set of behaviors that are managerial in nature, and the ability to use an orderly process that leads a health organization or group to establish well-considered goals and to carry them to a successful outcome for the enterprise.

III. Two Definitions of Health Services Management

In order to develop a purposeful curriculum in health services management, it is necessary to establish definitions of the term. Unfortunately, defining management in scholarly terms has been a demanding problem. There are two approaches to definition: functional definitions state what the defined thing *does*, and descriptive definitions state what it *is* or, more commonly, what its components or characteristics are. The Task Force worked on both of these approaches. While the results of this labor will clearly not make a major scholarly contribution, the concepts considered may be of value to faculties. Definition certainly is important. The answers to the questions, "What do we want our graduates to *do*?" and "What do we want our graduates to *be*?" are implicit in the final curriculum offering, and should be as explicit as possible in the curriculum design.

Functional Definition of Management

Barnard defined the executive function as "the maintenance of organization communication, the securing of essential services from individuals, and the formulation of goals and objectives."[2] More rigid functional definitions have been offered, such as Koontz and O'Donnell's "planning, organizing, directing, controlling, etc."[3] Several authors, including Minzberg, reject the description of the manager as a resource allocation decision maker because this role ignores his activities as a facilitator of communications and a manipulator of the decision-making process. It also ignores the entrepreneurial role of the manager.[4] Livingston emphasizes the values which he believes the successful manager must bring to his job.[5] The evidence is clear that all of these roles exist, and that they may in fact be more important than roles associated with actual resource allocation decisions.

The most recent literature stresses what is called an "open system" approach and identifies the manager as a highly flexible agent acting where his organization or organizational unit and the surrounding world interface.[6] Thompson,[7] for example, defines management as follows:

> Whatever we say about administration, of course, is governed by what phenomena we refer to by this term, and that is an arbitrary matter. The approach taken in this volume, that complex purposive organizations are natural systems subject to rationality norms, permits us to suggest that the significant phenomena of administration arise precisely because of the inconsistencies of that duality. If complex organizations were simply natural systems, we might expect spontaneous processes to handle their problems. If complex organizations were simply rational-model machines, they would require designers to initiate them, but their operation thereafter would be automatic. It is because the organization is not simply either, we suggest, that administration emerges as an identifiable and important process in modern societies.

The term "open system," used to define the organization affected by many outside forces, can also be applied to an organization seeking to fill a

managerial role. This might be confusing and difficult for the uninitiated reader.

This working definition is consistent with the open systems approach, but runs the risk of being an oversimplification. Management is seen as an orderly process that leads an organization or group to establish well-considered goals and carry them to a successful outcome for the enterprise. Management includes analysis and implementation of various skills the student has learned through his course work with a knowledge of operations in a specific environment.

Descriptive Definition of Management

The descriptive definition which follows in the form of an analytical matrix was developed to assist faculties in making the decisions regarding curriculum content which have been identified above.

Health services organizations have a variety of interrelated components. These components were classified into three groups dealing with governance, coordination, and production, shown as horizontal rows in Figure 1. Although there are overlaps in these classifications and their definition is arbitrary, all health service organizational activities may be described by these three groups. Not all components of all organizations can or should be taught, however. One faculty decision, therefore, is to choose which level(s) are to be considered in the curriculum design.

At the same time, five dimensions of managerial activity or knowledge have been established. These are the vertical columns of Figure 1, the "Management Dimensions" titled: purpose, characteristics, problem identification, problem solution, and adaptability. These terms will be described below and repeated in Appendix B.

Figure 1

Management Knowledge, Responsibility, and Skills

components of activity	Management Dimensions: purpose	characteristics	problem identification	problem solution	adaptability
governance					
coordination					
production					

Components of Organizational Activity

It is impossible to separate totally the organizational components of governance, coordination, and production, for one component cannot successfully operate without interaction from the other two. Many typical functions of an organization can be classified in this hierarchy, however. An effort to do this with the common functions of large health care providers is illustrated in Figure 2.

Figure 2

Relation of Common Organizational Labels to Components of Figure 1

Using hospitals as an example of health care organizations

To look at the organization as a goal-setting and goal-achieving enterprise implies a hierarchy from strategic governance to managers of subparts of the enterprise (coordination and production).

"Governance" components control the organization and operation of the hospital or other health care organization. They encompass the support, organization, and functioning of the governing authority, medical staff, and internal administration, as well as deal with external circumstances affecting the organization. Their central purpose is to search for and select objectives, and to develop an overall plan or strategy. Typically, the administration governing board and medical staff are major governance components of community hospitals. Planning and fund-raising units are also part of this group. The same functions must be performed in other health care organizations, but their labels and procedures will be quite different. These components may be viewed as overlapping with both coordination and production, for the latter two cannot operate effectively without an overall strategy and plan.

"Coordination" components encompass health service organization support activities. These are usually not revenue-producing, but are important to on-going activities and central to fulfilling organizational objectives. In a hospital, for example, they would include maintenance of physical plant and personnel, information handling, planning and research programs, and finance. Control systems such as the medical staff peer review system, and training system (inservice training programs), are also included in this group. The student must be given an understanding of the purposes and functions of these activities and how they differ from those of other industries.

The "production" components are composed of centers directly concerned with patient care which generate the primary output of the organization. These include nursing units and diagnostic and treatment centers of the hospital. (In many cases they are identified by the accounting system as revenue centers.) A knowledge of how these patient care centers operate and the degree of the administration's control and accountability for services delivered within them is important to the health facility manager.

These components and their interrelation provide a focus for the knowledge element of the health care and management components. This classification of the components is more universally applicable and also more comprehensive than the functional organization of the knowledge content which is represented by MacEachern[8] and which characterized the course organization of the leading hospital administration programs a decade or two ago. This matrix, then, provides one way of making curricular and course focus decisions.

Not only can all the traditional departments of the community general hospital be located within the components but also emerging ones and those of other health care institutions can be handled as well. In addition, some less visible but very important activities such as community relations, government relations, planning, and the other governance components, can be explicitly identified for consideration in curricular construction.

The Management Dimensions

Coupled with an understanding of these organizational components and their interrelation are the five dimensions of management shown as column headings in Figure 1. These dimensions classify how the student should approach the questions, "What is the health service organization all about?" and "What does the manager know and do?" They include a discussion of purpose, characteristics, problem identification, approaches to solutions, and a final management responsibility, adaptability. "Adaptability" is a word adopted by the Task Force to describe management's responsibility to relate to the external environment, to forecast changes in it, and to revise internal systems to meet these forecasts. These dimensions are universally applicable within the study of health service organizations and crudely but effectively summarize what the manager must think about as he or she carries out the managerial role.

"Purpose" acts as the central element of any enterprise. In health services, purposes must be tested against community needs, demands and wants. In theory, the student should be able to carry out such tests rather than simply apply corporate goals. He or she must be able to differentiate between real and stated purposes, and among the real purposes of various groups and individuals such as the board, medical staff, and hospital employees. He or she must learn to view purpose through a series of questions or issues such as:

1. Definition: what is the purpose?
2. Consistency: is it consistent with other purposes?
3. Value: how important is it?
4. Feasibility: can it be achieved?
5. Permanence: will it be long lasting?
6. Achievement Alternative: what other choices are there?
7. Achievement Evaluation: what importance has it?

This approach to purpose helps to develop an initial analytic framework for all issues that face the manager.

A knowledge of "characteristics" provides a description of the organization with emphasis on function. It includes a description of product and service, description of resource requirements and demands for service, organization, and operating relationships, a description of common current policies, and a knowledge of information systems available to measure performance. This dimension may have been the most thoroughly covered area in health administration programs. MacEachern's text, for example, was rich in then-current detail on hospital departmental characteristics. Much of the knowledge of characteristics is factual, but a large part is value-laden—the current consensus of what is desirable. The student should be brought to understand the difference between fact, consensus, and true validity.

"Problem identification" focuses on understanding existing and potential problems, and recognizing and evaluating their symptoms. Problems threaten achievement of purpose. The student needs to be led to understand that problems have both internal and external origins, that they vary in importance

and in the immediacy of solution demanded, that they are not always revealed directly by clear symptoms, that they must be identified before solutions can be sought, and that there are logical approaches to finding whether a problem exists and to testing the validity of the problem supposedly identified. A symptom of increasing personnel turnover, for example, may be internally or externally caused, threatening or non-threatening to production or service, controllable within the organization or not, and so forth. The chief executive of any health care enterprise, for example, must be attuned to bodies outside the organization such as planning agencies, medical societies, state and federal legislatures, and state and federal administrative agencies, as well as to internal coordination and production units. The director of an HSA must be sensitive to the views of provider managers as well as to the developments in rate regulation and general community development. He or she must also be able to identify problems as "issues which become threats to the achievement of purpose," and must be able to select and set priorities for health care problems in order to formulate possible solutions according to a comprehensive strategy. By analogy, the same activities and perception can be extended to the manager of a component system. It is the scope, and not the existence, of this dimension that changes with organizational responsibility and authority. Managers of organizational functions, such as finance and nursing, have an external environment which must be understood as a student and surveyed as a practitioner.

The dimension of "problem solution" logically follows problem identification. It concerns ethical and value considerations, a knowledge of internal and external resources and constraints. It also includes skills in the use of individuals and mechanisms inside and outside the organization, for managing change, and the application of knowledge from the field of decision making and problem solving.

The final functional dimension is labeled "adaptability." Many health care managers understand the first four dimensions of their role and apply this understanding effectively to the health care components, yet fail for lack of a "longer view." This might be considered a future project of problem solving and problem identification. The manager perceives, evaluates, and forecasts changes in his organization's environment (translate the institution's present into the future), whether those changes be internal (work force attitudes, work methods) or external (market trends or government policy decisions). Chief executives should understand the advantages of organizational adaptability and how it relates to strategy and policy development. Managers of component subsystems within the organization must be able to perceive and react to changes which have an impact on the function and characteristics of their component.

While some might argue that this dimension is part of "problem identification," the Task Force felt that there was an important distinction to be made between a response to symptoms and an aggressive, wide-ranging search for opportunities for improvement. Performance of this dimension is the distinguishing characteristic of professional excellence. The finest managers are

revealed not so much by their mastery of the other four dimensions as by their breadth in considering diverse and innovative values, viewpoints, and opportunities. Coupled with this breadth is a managerial skill in projecting and forecasting implications and identifying and negotiating points of conflict and risk. "Adaptability" skills may be stimulated in a well-designed curriculum and provide a broad knowledge base with educational opportunities to consider.

The matrix in Figure 1 allows the faculty to identify whether it has a specific pedagogical goal for each cell, and if so, what that goal is. For an example of the goal for the training of a rehabilitation nursing unit, the manager might ask the student to "identify common alternative *purposes* of rehabilitation nursing units, to describe the usual systems and statistics for measuring the performance of such a unit (*characteristics*), to identify from real-life situations and abstract commonly encountered problems (*problem identification*), and to devise effective measures (*problem solution*)." Another example of a pedagogical goal for a hypothetical "reimbursement systems manager" would be "to trace the origin, spread, and results of restospective cost-based reimbursement (*characteristics*), to identify the criticisms leveled against this form of payment, to review and evaluate the evidence supporting these criticisms in a specific location (*problem identification*), and to propose a strategy for a Blue Cross plan interested in devising and installing an alternative payment system (*problem solution*)." In the governance area dealing with medical staff organization, the potential chief executive officer might have the task of "understanding the role of primary physicians and specialists (*purpose*), of explaining the educational differences among medical specialties (*characteristics*), acquiring the ability to identify difficulties in managing mixed specialty and primary care staffs (*problem identification*), using the traditional medical staff organization to support mixed staffs (*problem solution*), and considering future trends in medical education (*adaptability*)."

IV. The Selection of Educational Goals

The purpose of this chapter is to describe the factors a faculty should consider in devising specific educational goals. The following section of the Report provides an example of how a model of the management perspective can be used to assist faculties in defining educational goals, including target roles. The matrix presented on page 12 will be used to exemplify the kinds of decisions which are important to curriculum developers or reviewers.

All of the fifteen cells from Figure 1 cannot be comprehensively covered within the confines of a single health administration curriculum. In fact, the selection of which elements to emphasize and which to omit is a critical decision in curriculum design. Five elements must be considered in determining the emphasis within the curriculum of health care management of the given health services administration programs. These are: (1) the target professional role of the program; (2) the time horizon of maximum utility of the educational content; (3) the strengths, weaknesses, and relationships between course work in the program; (4) the capability and interest of students; and (5) the educational interests and capability of the faculty. The design of the health services management component must reflect these five elements. In the short run, it is sometimes easier to modify the health services management components than other components of the curriculum. In addition, the health services management faculty is the one most attuned to changes in the professional environment. Thus, the health services management curriculum is likely to change more frequently than other elements of the program.

Target Professional Role

The roles and therefore the educational requirements of various health service managers differ. Many programs select specific roles such as chief executive functional management, and planning. Others emphasize certain types of organizations such as hospitals, long-term care units, or family planning services. There is substantial diversity among educational programs in health services management, yet underlying the diversity are many similarities in the subjects and issues to be considered in curriculum design. Three "Target Roles" were adopted for purposes of discussion. These hypothetical Target Roles were selected as representative of the goals of many of the programs. They are introduced as aids to discussion rather than recommendations.

Target Role 1: chief executive officers of independently incorporated provider organizations, such as health maintenance organizations or hospitals.

Target Role 2: managers of functional units of larger health care organizations such as nursing services managers or financial managers.

Target Role 3: other health services managers and administrators such as those serving fiscal intermediaries, regulatory agencies, and planning agencies.

The common element of all these roles is the health services application of knowledge gained from other elements of the curriculum. As an extension of the criterion of utility, commonality of education is important among these

roles, as is exposure through casework and in field settings to practical problems of management beginning at the most elementary levels of direct patient contact.

These target roles are an arbitrary classification to illustrate the curricular questions. Hopefully, they reflect useful commonalities for the various schools at this time. Clearly, new targets and clusters will emerge over the years.

Program Target I—Chief Executives

One target role is built around the student whose objective is to become a chief executive of an independent provider health care organization. The chief executive and his or her staff bear the central responsibility for the survival of the organization and the delivery of health care services to the community. By the nature of its independent existence, the organization must have an integrated set of production and coordination services as well as a self-contained governance function. While some production and coordination services might be purchased, governance activities are inherent in the organization's independent existence. The traditional hospital administration program falls in this cluster, as do educational programs for freestanding ambulatory care centers and long-term care facilities. The targeted role usually includes both the chief executive officer and his or her subordinates who share to a degree in the generalized management functions.

Education for this group must give priority to the governance components, since these components determine the ultimate success of the organization. While chief executives can and do delegate authority for production and coordination components, only they have the combination of authority, responsibility, and knowledge to carry out the task of organization design, planning for future programs and resources, maintenance of fiscal integrity, and recruitment of management for various components. All of these functions are necessary to discharge the obligations of the governing board with which they must work closely.

It is frequently true that the first professional assignment after completion of a program in health services administration is for a relatively specific sector of these obligations, but the normal career patterns of these graduates grows in breadth and responsibility as they mature.

Certain organizational segments such as the medical staff, nursing, and financial management share to a degree many of these obligations, but the management in these areas is unlikely to be able to carry out the full requirements of the governance component in any large endeavor without the assistance of the executive and his staff. Because the participation of governing boards and, in many cases, the medical staff organization is part-time and voluntary, the executive staff also becomes an important source of continuity through the maintenance of records of policy and procedures and through their educational efforts for new board members and medical staff leadership.

Education for those likely to become chief executives should emphasize governance components involving community relations, relations with outside agencies, policies dealing with the selection and structure of governing

boards, the structure and organization of the medical staff, the evolution of services, planning for programs and facilities, and the social systems providing finance of medical care and a supply of professional personnel. In the above aspects, all five vertical dimensions of the matrix are important.

For this target role thorough study of the governance components should be supplemented by study of carefully selected production and coordination components picked for their importance and for their representative character. It is unnecessary to be comprehensive about all the various production and coordination components. In studying these components, some selectivity among the functional dimensions is also necessary. A well-educated graduate from a program with a chief executive officer target role in this cluster should be able to identify the traditional purposes of all common components. It is not feasible, however, for all graduates who want to attain this role to master the characteristics of all the organization components, nor is it necessary that he or she know the detailed characteristics of any component in the manner that would be required for someone aspiring to manage that component alone.

The same can be said of problem identification and problem solution. The problems that are of interest to potential chief executive officers are principally those relating to integration. Problem solution within the coordination or production components is frequently a highly technical matter in which the chief executive or his immediate subordinates are properly advised to seek specialized advice. While the adaptability function is important for all components, the concentration of these chief executive educational programs should be on the areas likely to be omitted in the training of production and coordination component managers, that is, on the adaptability of the governance components and the enterprise as a whole. There should also be opportunities for the student to consider the implications of environmental shifts on key production and coordination components.

Program Target II—Functional Specialists

A second group of programs focuses upon the management of single production or coordination services or small clusters of these. Examples would be nursing administration programs, community mental health, accounting or financial management programs. These managerial roles are frequently characterized by heavy specific technical requirements which may limit the amount of time devoted to the health care management segment of education. The scope of influence of these roles is also limited. It is less likely that managers in these roles would have a major influence on issues at the governance level with community-wide implications, such as the future manpower and facilities supply or the financing of health care delivery systems.

A well-designed educational curriculum should emphasize the organizational component identified by these specific target roles. Some description of governance level components will be important in order to establish the various managerial settings in which the graduate may find himself. Both the characteristics and the typical problems they present to the production or coordination unit should be covered. Other production and coordination sys-

tems need to be reviewed only to the extent that they actually have an impact on the target role itself.

At the same time, all the dimensions in the columns of the matrix are important to any curriculum. Purposes, characteristics, problem identification, and approaches to solution are highly relevant. In fact, they are central to the creation of the specialized management program. Were it not for the trade-off between the specialization of management, the need for non-management knowledge, and time and cost of education there would be little justification for specialized managerial educational programs. Exactly the same thing can be said of the adaptability dimension. It is just as important to emphasize the need for broad knowledge and farsighted environmental concerns among hospital department heads and mental health managers or nursing home administrators as it is among chief executives of national health care plans. In fact, the most valuable contribution of a component manager may be his surveillance of emerging and future technical possibilities and consumer demands for services.

Program Target III—Intermediary, Planning, and Staff Roles

The third cluster of educational programs includes those which do not differentiate the managerial role in any way and also those which concentrate on health care planning rather than management. Figure 1 is not so useful for this group because it has not been extended beyond the level of the individual enterprise; however, it may at least provide a guide for curriculum development. As is the case with two target roles, all five dimensions should be covered. The importance of the adaptability dimension is as great for planners and those administering government medical care programs, for example, as it is for the provider chief executive. The target roles for these programs tend to be those which over time affect large numbers of citizens, thus demanding foresight. Just as the concentration on production and coordination components is reduced in moving from the components specialist cluster to the chief executive cluster, it can be further reduced for students in this group. However, it is desirable for students of these target roles to develop sufficient familiarity with selected components of provider organizations both to understand the provider organizations where these components are important and to recognize their occasional parallel existence in large government and intermediary organizations.

A student preparing for these roles should be given at least a modest opportunity to understand and make a preliminary analysis of a representative coordination unit such as a medical records department. Governance components are clearly appropriate for detailed study in all kinds of health care applications. Within the governance component, it is desirable to include most of the issues covered for the chief executive. Medical staff governance systems need to be studied in a variety of provider settings.

The issues of selection, motivation, education, organization, authority, and supply information for governing boards should receive extensive study, though not necessarily with the focus of a single provider institution. The stu-

dent needs to know the important parallels which exist between governing boards of providers, planners, insurers, and advisory groups to government agencies. Similarly, there are parallels in the planning process between communities and individual enterprises. Students of these target roles should share a common approach to many planning activities with chief executives.

Relationship to Other Course Work

Many of the courses in the total health administration program will contribute to the understanding of the necessary elements of Figure 1. The larger and better integrated this content, the higher the overall ability of the student to develop management perspective is likely to be. The job of integrating the material from other courses falls upon the teachers of the health services management portion of a given program. It is necessary to review the contribution of each of the other areas with particular attention to the opportunities for extension and reinforcement of these specific studies.

The Accrediting Commission on Education for Health Services Administration requires elements of course work describing the medical care system and health and disease.[9] These contribute significantly to the "characteristics" dimension and add to the understanding of the "purpose" and "adaptability" dimensions from Figure 1, not only for major provider units but also for many of their production components. These courses also introduce the students to measures of performance of health care systems which are essential for problem identification.

Course work in organizational theory should provide substantial insight into the governance components. Many of these components have close parallels in other organizations outside the health care field. Course work in this area frees health care management to concentrate upon the unique elements of the health care system and upon more advanced issues of problem identification, solution, and adaptability. These courses can provide students with a theoretical framework to understand organizations specifically. Many texts such as Katz and Kahn[10] explicitly teach "open system" models like that shown in Figure 1. They stress the adaptive dimension of local organizations and establish two important elements for the student administrator: (1) how to relate effectively to people and help them relate to each other; and (2) how to understand organizations and their programs. More traditional courses in organization theory and organizational behavior are useful for teaching the human problems of production and coordination components. They help the student understand how people work together in small groups and what kinds of problems arise when they do.

Course work in the quantitative techniques of management—statistics, accounting, operations research, and financial management—tends to focus on the important functional elements of characteristics, problem identification, and problem solution. Well-designed programs in health services management include these basic skill courses. Quantitative techniques are useful in advanced health services management courses which focus on problem identification and solutions.

Course work in the social sciences as applied to health services, such as health economics, politics, and government, is of special value to students in the third target role, where career goals are not differentiated or focused on policy analysis, health planning, or other regulatory agency careers, and to those in the chief executive target role. Legislative, regulatory, and judicial issues also make important contributions. They provide essential conceptual background for those aspiring to be chiei executive officers and policy-makers because of their contribution to an understanding of problem solution alternatives and adaptability for individual enterprises and groups of health care enterprises. These courses also provide background for understanding the dimensions of purpose and characteristics.

The understanding of most major issues, such as health insurance, not-for-profit voluntarism, or the growth of regulation is facilitated by study of the social sciences. For example, despite the many health care issues involved, it is impossible to fully grasp the implications of national health insurance without understanding its impact on personal income redistribution as well as its impact on health care organizations. Nor is it possible to understand the planning of health care facilities in a regulated environment without a grasp of both political and economic aspects of demand. The importance of politics and employment levels in planning health facilities may often be as great as that of health care "need."

Capability and Interest of Students

The target roles will attract students of differing capability and interest. Also, the availability of other course work, the location and role of the educational institution, and capabilities of the faculty will influence the knowledge, skills, and maturity of students. Following the criterion of utility, a good program will integrate all of these considerations into a coherent whole, selecting the content and method appropriate to student achievement.

The capability and interest of students vary in different programs, but some issues which can be handled in the health services management curricula are complex and subtle. It seems clear that many students will have difficulty with the more global and abstract issues and that their ability to assimilate the issues described in Figure 1 will depend not only on their innate intelligence but to an important extent upon their motivation, maturity, education, and experience. The starting point for young students, particularly undergraduates, is the same approach used historically in the field of hospital administration, that is, to emphasize characteristics, typical problems, and solutions in production and coordination components. These topics have a number of advantages for teaching the immature and inexperienced at either baccalaureate or master's degree level of education. These organizational components exist in structured environments.

Production and coordination components tend to have more tangible purposes. Their characteristics are limited enough to be comprehended in a reasonable period of time. They frequently have technical elements which are relatively easy to master and provide the student with immediate rewards for

his or her efforts. Their problems, while rarely simple, can be viewed from a limited perspective.

This does not mean that the governance level should be ignored in undergraduate education. The student's ability to grasp the more complex issues may be a function of general maturity and prior experience as well as the objective and scope of course work. Many baccalaureate graduates will aspire to governance component positions and will wish a sound basis for further formal or experiential education. Thus, well-structured undergraduate programs should concentrate on elementary components and dimensions, and introduce the student to governance component concerns as he or she indicates ability and interest. The introduction may be through case studies or reading assignments in health services itself, but it may also be done through general undergraduate studies which deal with strategic problems of modern organizations. The supply of literature, cases, and faculty is larger in the latter area, and a student who is capable of governance component performance will be able to make the transfer on his own.

Graduate students can begin either by a review of production and coordination level activities or through direct entry into governance components and issues. The subtle distinctions of purpose have merit as a starting point rather than the more traditional emphasis on characteristics. Only the truly exceptional student can profitably begin with problem identification and governance components. For either potential planners or chief executive officers, the preferable starting point is purposes and goals at the governance level. Both the intellectual levels of students and the target role of the educational program, which should be consistent with each other, influence the amount of time spent on production and coordination components.

Capabilities and Interest of the Faculty in Health Services Management

Course work in *health services management* should be firmly based in relevant theory but also concentrated in realistic application. The reality and appropriateness of the application become important criteria of the quality of this element of the curriculum. Because of this, most of the didactic instruction will be done by people who have educational credentials as health care administrators and who make a deliberate and continuing effort to maintain and expand their professional as well as their academic skills in this area. In short, the health services management elements of the curriculum should be taught by people who are competent in this subject.

A blend of field exercise, case work, and didactic instruction is important. Supporting sites for the first and literature for the latter two exist, but are incomplete and must be carefully chosen and supplemented in order to achieve the highest quality results. The judgment and experience to do this do not come from academic activity limited to one of the contributing areas.

The ideally prepared teacher will give evidence of brief graduate level study in each of the supporting areas outlined in this chapter, will have earned a master's degree in health care administration, and will be prepared at the

doctoral level in a discipline or profession with a dissertation making application to health services management. As a minimum, a qualified full-time faculty in this area will, in additon to the normal faculty standards of the university, be willing to make a commitment to the long-term study of health services management and will actively pursue a balanced program of research, teaching, and consulting. Programs using several teachers must balance the skills and weaknesses of the individuals, making an effort to gain both pedagogical rigor and realistic application.

Two other backgrounds can contribute to the teaching of health services management elements. One is the experienced practitioner who may lack the normal academic preparation and the other is the academic interested in health services but trained in an academic area without health services application. Practitioners have a long and commendable history of contribution to health service curriculum education. It is obviously desirable to continue this contribution in field work settings. Practitioners can also contribute part-time in didactic settings, although they have the same responsibility in such settings that other faculty members have: to maintain consistency of approach with other instructors and to maintain vigorous academic standards for themselves and their students. Several programs have developed courses for practitioner-teachers which are important, successful parts of their curriculum. Academics trained in other areas can also contribute in both field and didactic settings. Their most demanding responsibility is likely to be developing and maintaining currency with both the knowledge and the practice of health services management. They can do this through consultation and research, augmented by study of the literature. However, lack of either basic course work in health care services or practical experience is a substantial handicap to overcome.

V. Pedagogical Methods and Tools

The Task Force's objective for health care management is based upon the performance of the manager. While knowledge and values are clearly areas of performance, they do not stand alone. The design of the pedagogical approach must include an aggressive search for real and simulated practice opportunities. Etzioni's[11] description of the skills and values required at the governance level is instructive:

> I do not perceive the capacity for leadership as consisting of abstract, moralistic character traits; I perceive these as specific skills. The object is not to fly in the face of reality or power groups, nor to wildly pursue utopian notions of social-justice or accountability—such an administrator is all too likely to be quickly expelled—but to help shape, mobilize, and combine the vectors which determine the health unit's direction and accountability model so as to bring them closer to the desired system. To shape these forces requires educating the various groups to definitions and demands which are closer to what is legal and ethical and just. This is probably the most difficult part of the creative administrator's job.

Classification of Pedagogical Methods

Pedagogical methods can be classified as didactic, experiential, and integrative or capstone. For those areas of learning where *cognitive content* is the primary goal, didactic methods may have value. The following are examples of didactic methods:

A. 1. lecture
   2. lecture/discussion
   3. programmed learning (using linear, branching, or matrix models)
   4. audio-visual materials

B. 1. guided group discussion, seminar
   2. debate

Research on the value of particular didactic methods is generally inconclusive. For example, research results on lecturing do not contradict, and sometimes support, the assumption that it is an effective way of sharing information. "The job (of the lecturer) is selecting, organizing, presenting, and translating subject matter content in a developmentally appropriate manner..."[12]

Research on student-centered didactic methods, such as the seminar, suggest that they are more effective than expository methods (e.g. A) in higher order cognitive learning. The research on small-group leadership, satisfaction, creative problem solving, and so on apply to the several interactive methods of instruction. The more student-centered techniques (e.g. B) may serve as a useful bridge from cognitive content learning to the learning of cognitive processes such as decision-making.

Instructors may find the small group strategies a useful place to begin to provide learners with feedback about their interpersonal skills. The involvement of a student's colleagues may be facilitated by requesting structured,

constructive feedback on both the content and process of a student's inputs (or lack of them) to the group's learning.

For those areas where skill mastery is the primary goal, the following experiential methods may be of value:

A. 1. seminar with focus on problem definition and solution
   2. role playing with its focus on both perception and interaction
   3. "laboratory" in which case studies, critical incidents, or actual simulations may occur
   4. field study in which students are placed in the field for clearly defined opportunities to learn cognitive process by applying content to problems. The focus is on enriching learning related to a course(s) as contrasted with more widely encompassing role-related behavior.

B. 1. short term field placement as a means of providing learners with the opportunity to focus on a part of a manager's role (e.g. by attending several types of coordinating meetings at the level of governance, coordination, and production). Such placements are facilitated by specific contracts with field agencies to ensure that learners are not "pulled in" over their heads.
   2. residency placements

For integrative areas of learning where advanced skill building involving a base of substantial factual knowledge is the primary goal, the following may have value:

A. field placement: specific work with person(s) engaged in research activity relevant to the health services area. Appropriate for learners with career goals that include research or for whom evaluation or other types of research are especially interesting or appropriate.

B. guided research: provides for integration of systematic study in a narrowly defined problem area with opportunities for writing skills.

C. capstone course: provides advanced opportunities for learners to explore and articulate more complex issues related to health services administration. This may include feedback from student colleagues and others who have expertise in the area being explored by the learner.

D. mini consultation: provides the learning related to defining consultee problem(s), contracting the nature of consultation activities, selection of intervention strategies, and evaluation of consultation by consultee, learner, and teacher. Such consultations may encourage learners to develop their skills in the assessment diagnosis, planning, implementation, and evaluation of management problems.

Some of these instructional strategies are elaborated upon in the following section.

Didactic Methods

The principal didactic methods use lectures, reading assignments, student papers, reports, and thoroughly planned courses in independent study. The

efficiency of these methods in conveying factual material is well-known. They appear to be the most efficient methods for conveying the purposes and characteristics of all of the organizational components. Thus, reading assignments which review the historical evolution of governing boards and medical staffs and those which describe the normal purposes of accounting, personnel, materials management, and management engineering subsystems are valuable as are those such as the current standards of the Joint Commission on Accreditation of Hospitals.

Lectures are particularly valuable in imparting values. A skilled lecturer should be able to draw upon reading assignments to make comparisons and to illustrate the interplay of values, purposes, and characteristics. Lectures about the role of managers have a place as well, particularly in introducing the student to the role he or she has chosen to adopt. Certain reading assignments, such as works by Weil[13] and Johnson[14] on the role of the administrator and the measurement of administrative performance, are useful starting points for lectures on roles.

Didactic instruction is particularly weak in teaching the student to identify problems and develop solutions. Problems whose solutions have been reported in literature have frequently ceased to be problems; their solution becomes part of the characteristics. It does not appear that either problem identification or problem solution can be learned well by analogy. Didactic review of 100 historic problems and their solutions does not equip the student particularly well for the 101st. A better alternative is for the student to prepare issue-oriented papers. These are particularly rewarding if they are carefuly critiqued, and if the student is encouraged to recognize the implications of what he has learned by reading. Devices of this kind which include active student participation enhance didactic methods. The best use of papers and student participation stresses the professional role, forcing the student to begin learning the professional attitudes and approaches.

Didactic methods may contribute more to adaptability than is commonly believed. Two of the skills of adaptability are tolerant understanding of a wide variety of viewpoints and habits of widespread inquiry. The latter clearly includes written communication. The student can develop familiarity with the sources and habits of inquiry through didactic education. Similarly, if a rich variety of viewpoints is included in the reading, the student can be conditioned to accept diversity and ideological conflict as a normal part of the environment.

Case Studies and Field Experience

It is clear that didactic instruction alone has notable weaknesses in teaching management skills. This has been well recognized in the past by programs in hospital administration which relied heavily upon field experience in the form of a residency. It should be noted that as residencies are shortened, the site of and responsibility for certain kinds of experience are being transferred rather than eliminated. The ideal balance is elusive, and continued experimentation is desirable. A number of other types of field experience and practice are more relevant to the formal curriculum.

Most closely related to didactic instruction in the use of case studies, "critical incidents," and similar simulated situations. The supply of these is limited in health care administration, but cases exist or can be devised which illustrate the difference between real and stated purposes, goal conflict within organizations, problem-solving difficulties encountered in solution implementation, and contrasting roles and styles of managers.[15] In the adaptability dimension, cases can be used to illustrate how failures in adaptability threaten the survival of institutions and to show the need for the manager's broad and farsighted view of his environment.

The writing of cases contributes both to the existing supply and to faculty development. It should be encouraged as an appropriate part of scholarly activities in member programs.

The utility of the case lies in providing students with an opportunity to practice their skills in a simulated rather than a real environment. Their use, therefore, is principally by assignment to the student for preparation of written or oral analysis and recommendation. Their best application may be in initial practice exercises to cover areas which are well beyond the student's current professional grasp or legitimacy. A student data processing manager, for example, should have an opportunity to design a general data processing system in a case setting at least once before he or she is faced with the problem in the real world. Similarly, a beginning health administration student should first confront the problems of board structure, membership, medical staff organization, and analysis of major services and facilities planning problems in the case setting.

It is possible to use field trips and field visits in a manner analogous to case studies. These are frequently used simply to illustrate characteristics. A better use is to specify the students' learning goals and to evaluatie the result. One program, for example, uses a series of visits to a variety of general hospitals (teaching, urban public, rural, and university) with a requirement that the students identify the real and stated purposes of these institutions and differentiate the specific real purposes of each. The papers are extensively critiqued and become the basis for a later seminar discussion. Real production and coordination functions can be studied in terms of their real and stated purposes, goal and purpose conflict, performance measurement systems, and apparent current problems. If this is done through field observation, followed by written and oral reports directed to university faculty rather than to the field site, these become a form of real world cases in which the student has the freedom to err at low cost.

Term papers involving field study of one or a variety of real sites are useful and can be offered as part of courses on health services management. One prominent example of the use of field studies is a survey of an entire provider organization, which calls for a comprehensive review of the rows and columns of Figure 1 within a single hospital. The student's written and oral reports are carefully reviewed by both the faculty and the administrator of the participating hospital. Such a comprehensive review provides an excellent foundation for discussion of the administrator's role and the requirements of adapt-

ability. These are particularly weli-illustrated in the seminars in which students report on the issues and problems of a variety of urban hospitals.

Finally, field studies can include the preparation of specific analyses of real problems important both to the participating institution and to the student's education. If the problem is carefully selected, the final report can be of thesis length and quality and include, in addition to thorough review of relevant literature, substantial practice in problem identification and definition, the selection and use of data for analysis, and the formulation of solutions. If the student receives appropriate guidance from both the field site and the faculty, the result is a true professional project similar to those the student will need to produce early in his professional years. He or she is exposed to practical problems and given the guidance to solve them in a manner which enhances both professional skill and self-confidence. Successful studies are valuable to the site as well.

It is obvious that the close guidance and criticism of faculty members is an important part of the use of cases and field esperience. Much of the learning occurs in the test of the student's ideas against those of the faculty and in some cases the field site managers. Field site managers cannot do as good a job alone as they can when properly assisted and supported by knowledgeable faculty. It is here that the research and consultation interests of the faculty member have their highest immediate return. In fact, some of the more advanced projects can be combined directly with faculty activities permitting a student-teacher relationship to evolve into one between apprentice and practitioner and finally one between colleagues.

Students do not learn from formal classroom contacts alone. The operation of a professionally-oriented educational unit is an example of managerial behavior. Thus the faculty of the unit are role models, and the operation of the unit is a visible example for student learning. Values in particular can be implied by the actions of the faculty as well as their classroom pronouncements. A range of attitudes from promptness and professional standards of accuracy to management style can be reflected through faculty action.

Integrative or Capstone Methods

Substantial interest exists in experimenting with integrative or capstone seminars in health care management.[16] These seminars, whether established as a separate series of courses or used to supplement didactic work, have substantial value. Educational responsibility is frequently assigned to practitioners or to the most practice-oriented member of the faculty. Their placement near the end of the formal educational program is most appropriate. These activities should be as participative as the teacher's skill permits. Their utility lies toward the right side (problem identification, problem solution adaptability) of Figure 1 and may be greatest in encouraging the student to avoid narrowness, shortsightedness and inflexibility in devising problem solutions and considering issues of adaptability. It is least in imparting a knowledge of facts. At their best, these seminars should be dialogues on important conceptual issues and their implication for health services management. They

should provide the student with an opportunity to compare thought patterns and values with those of seasoned professionals. They should show and analyze how managers make things happen in complex situations, delve into the differences of viewpoint shown by various individuals and groups, show how these differences are resolved or avoided, and review the emotional and ethical pressures on the practitioner. Obviously, the student requires substantial background and at least elementary practical experience to benefit from the opportunity.

APPENDIX A

Glossary of Terms

Organizational Components

Governance components control the organization and operation of the hospital or other health care organization.

Coordination components encompass health service organization support activities.

Production components are composed of centers directly concerned with patient care which generate the primary output of the organization.

Management Dimensions

Purpose acts as the central element of the enterprise.

A knowledge of the *Characteristics* provides a description of the organization with an emphasis on function.

Problem Identification focuses on understanding existing and potential problems, and recognizing and evaluating symptoms.

The Dimension of *Problem Solution* logically follows problem identification. It concerns ethical and value considerations and a knowledge of internal and external resources and constraints.

Adaptability is the ability of health care managers to understand the first four dimensions of their role and apply their understanding effectively to the health care components with respect to projected future conditions; it might be considered forecasting of problem solving and problem identification.

APPENDIX B

Other AUPHA Health Administration Curriculum Materials

The Curriculum Task Force on Administration has cited thirteen AUPHA publications which can be used in conjunction with planning or reviewing a health administration curriculum.

The Capstone Course: Excerpts of a Round Table Discussion, AUPHA Task Force on Organization and Administration, 1974, 26 pp.

The Curriculum in Organization and Administration: A Task Force Report, AUPHA Task Force on Organization and Administration, 1974, 14 pp.

Organizational Behavior Literature in Health Administration Education, Duncan Neuhauser, Ph.D., 1972, 41 pp.

Studies in Leadership and Administrative Behavior, An Annotated Bibliography of Scholarly Literature Relevant to Health Administration, Bernard J. O'Connell, 1977, 168 pp.

The Curriculum in Quantitative Methods: A Task Force Report, AUPHA, 1970, 33 pp.

Decision Analysis in Hospital Administration—A Tool for Curriculum Revision, Samuel Davis, M.S., and Stanley Henshaw, Ph. D., 1974, 26pp.

Financial Management of Health Care Organizations: A Referenced Outline and Annotated Bibliography. AUPHA (in press)

A Basic Book Shelf on Long Term Care Administration 1974-1975, AUPHA, Cary L. Clark, ed., 135 pp.

An Annotated Bibliography on Long-Term Care Administration 1974-75, AUPHA, Cary L. Clark, ed., 135 pp.

Selected Bibliography on Long-Term Care Administration, AUPHA, 1977, 37 pp.

Syllabus on Long-Term Care, Theodore J. Litman, Ph.D.

Educational Program for EMS Systems Administration and Planning, Description of Curriculum Modules, AUPHA, 1977.

Educational Program for EMS Systems Administration and Planning, AUPHA, Barry A. Cooper, ed.

FOOTNOTES

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15. *Intercollegiate Case Clearinghouse Index*, published periodically by the Clearinghouse, Soldiers Field, Boston, 02163.
16. "The Capstone Course," report published by AUPHA, Washington, 1975.